Campaign Finance Disclosure Statement

Appendix B

RECEIVED

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## State of South Dakota

S.D. SEC. OF STATE

County, municipal and school candidates file in the office where you filed your nominating petition. Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070 Fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email Images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

See pages 43-45 of the Guideline Book for specific instructions on completing this report. Name of Committee South Dakota Medical Group Management Assn., PAC Complete Street and Postal Address 3600 W. 49m St., Sioux Falls, SD 57105 Name of Person Making Report Loree Ness Daytime Phone Number 405-274-3193 Evening Phone Number\_ I ness @ dakotacare, com If you are a candidate, what office are you seeking? N/4 If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Campaign Statement <u>Fre-general Campaign report</u> Pre-election (pre-primary, pre-general), year-end, mid-year (mid-year for ballot questions committees only), amendment, supplement or termination The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT \_\_\_\_(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or prrection required subjects the treasurer responsible for filing to a civil penalty of fifty dollars per day for each day that the statement remains delinquent. Date: 10/21/10 Signature of Treasurer Rovised 7-1-09

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SECRETARY OF STATE

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See pages 43-45 of the Guideline Book for specific instructions on completing this report.
Name of Committee South Dakota Medical Group Management Assn. PAC
Complete Street and Posisi Address 2600 W. 4944 St.; Sioux Falls, SD 57105
Name of Person Making Report Loree Ness
Daytime Phone Number 1605 274 - 3193 Evening Phone Number
Email Address Iness @dakotacare . com
If you are a candidate, what office are you seeking? W/fk
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
N/A·
Type of Campaign Statement <u>Re-general Campaign report</u> Pre-clection (pre-primary, pre-general), year-end, mid-year (mid-year for ballot questions committees only), amendment, supplement or termination
The following verification must be completed before submitting report.
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[ Patricia. This o (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty of fifty dollars per day for each day that the statement remains delinquent.
Dole: 10-26-2010 Saturda Duston

Revised 7-1-09

### Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions fro	*\$ 690.00	
Itemized Contributions from	Individuals	
Name	Residence Address	÷
John Healy	3012 S. Coval Ct' Stoux Falls 57 57103	s <u>250' 66</u>
(sary Kood	1 7408 DIMPOLENTARY : SINIVERILES OF STUD T	m ~ ~ ~ ~
David Flicek	26894 Baker Hark Plane; Sloux Falls, SD 57108	\$ <u>250,00</u>
		\$ <u>555</u>
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Total of Itemized Contribution	s from Individuals:	\$

# Schedule A – Direct Contributions (continued)

nized Contributions from Political Parties					
Party Name	1	Address			
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al of Itemized Contributions from Political Part	les:			*\$	0.00
and the second s	· 			,	4
nized Contributions from South Dakota Politica tributions must be itemized.  PAC Name	l Action Committees	s (PAC's) or South Dal Address	ota Candida	ate C	Committees - ,
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#### **Schedule A- Direct Contributions (continued)**

Itemized Contributions from Federal Political Action Committees or Political Action Committees (PACS) and Candidate Committees organized outside this state. All contributions from Federal or out-of-state PAC's must be itemized and include the PAC name and internet website address of the filing office where the committee regularly files their campaign finance report.

PAC Name	Internet Website Address	<del></del>
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		\$
Total of Itemized Contributions from Out of State	and Federal Political Action Committees:	*\$ <u>0.00</u>
Total of All Direct Contributions (Sum of all lines	with an *)	s 1440,00

#### Schedule B - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the contribution is from a federal political committee or political committee organized outside this state list the name and internet website address of the filing office where the committee regularly files their campaign finance report.

Description of Non-Cash Contribution	Name and Residence Address or Name and Internet Website Address	Estimated Value
Total:		

# Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property, or other income which is not a
direct contribution.

Source of Income	Description of Income	Amount
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		and the state of t
<u> </u>		
Total:		0.00

Schedule D - Establishing and Administration of Committee/Solicitation Costs
List a categorical description and the estimated value of funds or donations by any organization to its political
committee for establishing and administering the political committee or solicitation costs of the political
committee.

Organization Name & Categorical Description for direct funds	Estimated Value	
	<del></del>	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Total:		
Total:	0.00	

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Categories have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

ltem .	Amount	Name of Candidate or Committee	Amount
Advertising		· Committee	THEOREM
Consulting			
nterest			
Office Supplies			
Postage			
Printing			
Rent			
alaries			
Telephone		A A A A A A A A A A A A A A A A A A A	A The Sylven Control of
Travel			<del></del>
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tems below	amounts below		
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Total Expenditures:			NA

#### Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loan	Street Address, City and State	Amount
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I Dobe Amed by Committee			
al Debt Owed by Committee		· · · · · · · · · · · · · · · · · · ·	0.00_

#### Schedule G - Loans Owed to Committee

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of Recipient of Loan, Street Address, City and State	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the Reporting Period
· .			
Totals	0.00	0.00	0.00

**Summary Page** 

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

l.	the reporting period:	n hand, if any, at the beginning of	\$ <u>5,5</u> 27,50
2.	Receipts		<u> </u>
	Schedule A - Direct Contributions	\$ <u>1,440,00</u>	
	Schedule B - In-Kind Contributions	\$ 6.00	
	Schedule C – Other Income	\$ 6.00	
	Schedule D - Establishing/Administration of Committee	\$ 0.00	
	Total of all Receipts	s <u>1,440.00</u>	
3.	Total Monetary Receipts (A+C)		\$ <u>1440.00</u>
4.	Candidate's Personal Contribution to Ow	vn Campaign	\$·
5.	Monetary Loans to Candidate or Commi	ttee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporting	ng Period	\$_
7.	Expenditures - Schedule E		\$ 0.00
8.	Debts & Obligations Owed by the Committee - Schedule F	\$	
9.	Monetary Loans Made by the Committee Reporting Period – Schedule G	e During the	\$
10. J	Monetary Loans Repaid to the Committe Reporting Period – Schedule G	ee During the	\$
11.	Amount on hand at the close of this repor This should equal lines (1+3+4+5+10) - (	rting period. (6+7+9)	*s 6,967.50

County, municipal and school candidates file with the person in charge of the local election.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.

<sup>\*</sup>Note: You cannot end the reporting period with a negative balance.